

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006289

FILED
Apr 27, 2009
Secretary of State

Entity Name: BREAKTHROUGH INTERNATIONAL CHRISTIAN CENTER INC.

Current Principal Place of Business:

1560 SW 87TH TERR
PEMBROKE PINES, FL 33025

New Principal Place of Business:

Current Mailing Address:

1560 SW 87TH TERRACE
PEMBROKE PINES, FL 33025

New Mailing Address:

FEI Number: 59-3811271

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNOWLES, BURLEY
1560 SW 87TH TERRACE
PEMBROKE PINES, FL 33025 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KNOWLES, BURLEY
Address: 1560 SW 87TH TERRACE
City-St-Zip: PEMBROKE PINES, FL 33025

Title: S () Delete
Name: NOEL, NEKEISHA
Address: 185 NW 13 AVE APT# 935
City-St-Zip: MIAMI,, FL 33125 US

Title: T () Delete
Name: LECONTE, LARISSA
Address: 2884 NW 193 TERR
City-St-Zip: MIAMI GARDENS, FL 33056

Title: VP () Delete
Name: KNOWLES, LINDA P VP
Address: 1560 SW 87 TERR
City-St-Zip: PEMBROKE,PINES, FL 33025 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: NOEL, NEKEISHA
Address: 2335 NW 88 ST
City-St-Zip: MIAMI,, FL 33125 US

Title: T (X) Change () Addition
Name: LECONTE, LARISSA
Address: 16945 NW 28 AVE
City-St-Zip: MIAMI GARDENS, FL 33056

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BURLEY R KNOWLES

PAST

04/27/2009

Electronic Signature of Signing Officer or Director

Date